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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

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DUE DATES:	rebruary 1 to County Superintendent								Semester Superintende perintendent	nt
COMPLI	ETE TH	IS CLAIM FO	OR STA	TE REIMI	BURSEMEN	T FOR SO	CHOOL BUS TI	RANSPORT	ATION:	
This claim is for the period beginning, 20a						20 and	ending		, 20	_•
	month day						month	day		
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	olete and	accurate to th	e best of my kno	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County:	District:							I	District Level:	
30 Meag	Meagher			White Su	ılphur Spg	s Elem]	Elementary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Day Opera		Bus Driver's Social Security #
50	8	1		105	1.36	66	08/26/04			
50	8	2		97.2	1.36	60	08/26/04			
50	8	3		88	1.36	66	08/26/04			
50	8	3A		117	1.36	66	08/26/04			
50	8	4		144	1.36	60	08/26/04			
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TR-6 (1/05) Page 1

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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 30 Meagher 0570 White Sulphur Spgs H S **High School** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # # Capacity Inspection 50 8 1 105 1.36 66 08/26/04 2 50 8 97.2 1.36 60 08/26/04 50 8 3 88 08/26/04 1.36 66 8 50 3A 1.36 08/26/04 117 66 8 4 08/26/04 50 144 1.36 60

TR-6 (1/05) Page 1